

POLITICAL COMMITTEE
CITY/TOWN OF CASA GRANDE
CAMPAIGN FINANCE REPORT
2011 March/May Regular Election

FOR OFFICE USE ONLY

OFFICE
JAN 31 2011
CITY CLERK'S

1. KARL MONTANO FOR CITY COUNCIL
Full Name of Committee
CARLE MANUANA
Address
CASA GRANDE 85122 PINAL 836-5845
City ZIP Code County Phone

2. _____
Sponsoring Organization or Candidate and office

_____ Name of Candidate and Office Sought (if applicable)

_____ E-Mail Address _____ Fax #

3A. ID#

mc-06-05

4. **REPORTING PERIOD** (Please check appropriate box)

DUE BETWEEN

- ☒ January 31 Report - For Period of 11/24/2009 * thru December 31, 2010 January 1, 2011 and January 31, 2011
- ☐ Pre-Primary Election Report - For Period of January 1, 2011 thru February 16, 2011 February 17, 2011 and February 24, 2011
- ☐ Post-Primary Election Report - For Period of February 17, 2011 thru March 28, 2011 March 29, 2011 and April 7, 2011
- ☐ Pre-General Election Report - For Period of March 29, 2011 thru April 27, 2011 April 28, 2011 and May 5, 2011
- ☐ Post-General Election Report - For Period of April 28, 2011 thru June 6, 2011 June 7, 2011 and June 16, 2011
- ☐ **January 31 Report - For Period of June 7, 2011 thru December 31, 2012 January 1, 2013 and January 31, 2013

5. **SUMMARY**

	Column A Total This Reporting Period	Column B Election Period Total To Date
5a Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee)		0
5b Cash on Hand at the Beginning of this Reporting Period	330.04	
5c Total Receipts (from corresponding columns on Detailed Summary Page, Line 8)	450.16	10672.31
5d Subtotal [add Lines b and c for Column A and add lines a and c for Column B]	780.20	10672.31
6a Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines]		0
6b Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18)	162.85	10054.96
7. Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5d]	617.35	617.35

*Insert date which is 21 days after date of last election (A.R.S. §16-913).

**Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Page 2

1. Committee Name: KARL MONTOYA FOR CITY COUNCIL
 3. Report covering period from 11-29-09 Thru 12-31-10

2. ID#
MC-06-05

RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$25 (Total from Schedule A)	450.00	2225.00
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)		
(c) Political Committees (Total from Schedule B)		740.00
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]		2965.00
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]		2965.00
5. (a) Loans made or guaranteed by candidate (Total from Schedule C)		7656.55
(b) All other loans (Total from Schedule C-1)		50.00
(c) Total Loans [add 5(a) and 5(b)]	0.16	76
6. In-kind contributions (Total from Schedule E)	450.16	10672.31
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]		
QUALIFYING CONTRIBUTION RECEIPTS		
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).		
DISBURSEMENTS		
9. Expenditures for operating expenses (Total from Schedule D)	162.85	10054.96
10. Independent Expenditures (Total from Schedule D-1)		
11. Value of In-kind expenditures (Total from Schedule E)		50.00
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)		
(c) Total Loan Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	162.85	10054.96
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)		0
18. Total disbursements [subtract line 17 from line 16]	162.85	10054.96
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)		

20. I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and to the best of my knowledge and belief it is true and complete.

Type or Print Name of Treasurer

KARL MONTOYA

Signature of Treasurer or Candidate or Designating Individual

Date

1-31-11

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

1. Committee Name KARL MONTGOMERY FOR CITY COUNCIL

2. ID #

MC-06-05

3. Report covering period from 11-24-09 ~~11-24-09~~ ~~12-31-09~~ thru 12-31-09

4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR				
4a.	<div>LAST FIRST MI</div> <div>KRADISKE PATZ A</div> <div>STREET ADDRESS</div> <div>4131 HARBOR WALK</div> <div>CITY STATE ZIP</div> <div>FT COLLINS CO 80525</div> <div>OCCUPATION EMPLOYER</div> <div>Home maker / Sister -</div>	7-26-10	450 ⁰⁰	450 ⁰⁰
b.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
c.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
d.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
e.	<div>LAST FIRST MI</div> <div>STREET ADDRESS</div> <div>CITY STATE ZIP</div> <div>OCCUPATION EMPLOYER</div>			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A (If last page of Schedule A, transfer total to Detailed Summary Page Line 4(2), Column A)		450	450

*If contributions of \$25 or less are listed with contributor's name, address, occupation and employer on Schedule A, do not include them on Schedule A-1. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

Page 1 of 1

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

1. Committee Name Karl Montoya for CityCouncil

2. ID #

MC-06-05

3. Report covering period from 11/24/09 thru 12/31/10

4	EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE AND ZIP NAT'L PEN P.O. Box 55000 DETROIT MI 48255 DESCRIPTION OF ITEMS OR SERVICES PURCHASED PERS	9-28-09	78.90
b.	NAME, ADDRESS, CITY, STATE AND ZIP NAT'L PEN P.O. Box 55000 DETROIT MI 48255 DESCRIPTION OF ITEMS OR SERVICES PURCHASED PERS	10-7-09	83.95
c.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
d.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
e.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
f.	NAME, ADDRESS, CITY, STATE AND ZIP DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line 9, Column AJ]		162.85

*Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

1. Committee Name KARL MONTANA FOREIGN COUNCIL

2. ID #

MC 06-05

3. Report covering period from 11-24-09 thru 12-31-10

4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE AMOUNT RECEIVED	AMOUNT OF THE RECEIPT
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# <u>PINNA CO. FEDERAL CREDIT UNION</u> <u>1000 E FLORENCE BLVD</u> <u>CASA GRANDE, AZ 85122</u>		
	DESCRIPTION OF RECEIPT <u>INTEREST</u>	<u>11-30-10</u>	<u>.16</u>
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page Line 7 Column A]		